

## Hokanson, Katie

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**From:**  
**Sent:** Monday, October 26, 2015 11:34 AM  
**To:** Hokanson, Katie  
**Cc:** KRISTINA I. MARSH  
**Subject:** RE: Application Follow-Up  
**Attachments:** Dr. Pruitt CME Record.xlsx; ATLS 5-2015.jpeg; Jessica Hinshaw Medical Assistant Certificate.pdf; Letter of Support - Pruitt.pdf; Letter of Support - Branch.pdf; Letter of Support - Salerno.pdf; Letter of Support - Zitarelli.pdf; ATLS - Baldwin.pdf; ATLS - Bales.pdf; ATLS - Behrens.pdf; ATLS - Brummett.pdf; ATLS - Farris.pdf; ATLS - Hinkelman.pdf; ATLS - Iden.pdf; ATLS - McKinney.pdf; ATLS - Nevels.pdf; ATLS - Shayesteh.pdf; ATLS - Smith.pdf; ATLS - Walkotte.pdf; ATLS - Wedig.pdf; Diversion Policy 10-2015.pdf

**Importance:** High

\*\*\*\* This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*\*

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Katie and Kristi –

Thank you for the feedback on Reid's application. Please share the following information with the Designation Subcommittee and advise if any further information is requested.

1. **Trauma Medical Director** – attached you find an Excel spreadsheet with Dr. Pruitt's CME hours and categories as well as a copy of his CME credit for his 2 day ATLS course from May. I apologize for not including this in the original application.
2. **Trauma Registrar** – Donna Sheppard is our main registrar Donna received her initial training from Tracie Pettit and then an update recently, that certificate was included in the application. Jessica Hinshaw is primarily the coding/financial specialist for the Emergency Department. Donna has trained Jessica on data entry of trauma patients. Attached is Jessica's medical assistant certificate where she was also certified in coding. Both Donna and Jessica will receive vendor training October 28<sup>th</sup> from DI as we will go-live with DI trauma registry software in November. Reid's plan is to move the trauma registrar to an RN clinical position sometime after the first of the year, once the 2016 budget is approved. Once this clinical position is filled, that person will be sent to one of trauma registry courses offered by ATS.
3. **Trauma Surgeon Response Times** –
  - a. Attached you will find the individual letters of support from each trauma surgeon. There is one missing, Dr. Prentiss, who is out of the country on vacation. At the time of this email we have yet to receive his letter back. We have sent an email to him with hopes that he could at least reply to an email with his support of the program. Dr. Prentiss is a locums and isn't back on the schedule to cover any shifts at Reid through the end of the year.
  - b. The response times from Drs. Branch and Salerno have been discussed in the operations meeting. Dr. Pruitt has discussed the importance of meeting the required goal of 80% with both surgeons. You will see from Dr. Branch's letter of support, that he has given us his 90 day notice to pursue other endeavors. We have explained that during his 90 day notice, he will still be required to meet the response time of 30 minutes 80% of the time or greater.
4. **ED Coverage** – Attached you will find confirmation that each ED physician has had ATLS at least once in their career. This is my mistake as I didn't realize that if the provider was expired

A

that the subcommittee was requesting confirmation of attendance at a previous course, I do apologize. Although no ED physician is current in ATLS, as a result of our trauma program and continuing to improve care, the ED physician group has sparked interest in taking the ATLS course again. Due to the cost of the course, this is one of our goals, but will not be accomplished in the near future.

5. **Diversion Policy** – As stated in the application, the hospital hasn't diverted for some time primarily because there is simply no place for patients to divert to. We did update our policy to reflect this specific to trauma patients. While the ED will never refuse a patient that arrives at our facility, should the need to transfer the patient arise due to high census, we now have that spelled out in the policy. Thanks to the committee to bringing this to our attention!

I hope that the above explanations along with the attachments will meet the need of what was requested by the subcommittee. Again, if any additional information is needed, please do not hesitate to ask!

Thanks!

Ryan

**Ryan Williams, RN, BSN, CEN, CFRN, EMT-P**

Trauma Program Manager & EMS Coordinator, Emergency Services

**Reid Health – Right beside you.**

1100 Reid Parkway | Richmond, IN 47374

[ReidHealth.org](http://ReidHealth.org)

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**From:** Hokanson, Kati  
**Sent:** Tuesday, October 20, 2015 8:12 AM  
**To:** Williams, Ryan  
**Cc:** KRISTINA I. MARSH  
**Subject:** Application Follow-Up

Ryan,

The Designation Subcommittee has reviewed your application and has requested the following:

1. Trauma Medical Director – Please clarify by category the external CMEs for the past 12 months. Please indicate what topics are trauma and/or critical care-related and which one are external CMEs. Must have 16 hours of external, trauma-related CMEs obtained in the 12 months prior to submission of the application.
2. Trauma Registrar – Please clarify how many trauma registrars there are. If there are two (Donna and Jessica), you must provide proof of trauma registry training for each.
3. Trauma Surgeon Response Times
  - a. Missing individual signature statements of support of the trauma program from all participating trauma surgeons on the call panel including signature by Trauma Medical Director. Please format the letters to match the orthopedic letter.
  - b. Two trauma surgeons are < 80% compliant. What has been done to address this issue through the PI program?
4. In-house Emergency Department physician coverage – please provide copies of individual ATLS cards for each ED physician.
5. Diversion Policy: needs to add trauma to the policy or establish a separate policy. The trauma medical director needs to be involved in the decision to divert.

Please submit your responses within 5 business days. Please CC Kristi Marsh ([kmarsh@reidhealth.org](mailto:kmarsh@reidhealth.org)) so that she can share with the Designation Subcommittee. I am out of the office 10/24-10/27 on vacation.

Russell Pruitt, M.D.

Trauma Medical Director

Event title	Date	CME hours	Type
Airway Management in the CCU	1/21/2015	1	Critical Care
Precision Medicine for the Perioperative & Critically Ill Patient	2/18/2015	2	Critical Care
Trauma Triad of Death	4/15/2015	1	Trauma
ATLS - 2 day course	5/4 and 5/5/2015	17	Trauma
RTTDC	8/28/2015	8.25	Trauma
Disaster Management	9/23/2015	1	Trauma
		30.25	

Total Hours



# American College of Surgeons

## Division of Education

### CERTIFICATE OF ATTENDANCE

*Russell Pruitt, MD*

*Has participated in the educational activity titled:*  
9th Edition ATLS 2 Day Student course

*DATES:* May 4 - 5, 2015

*LOCATION:* MedStar Washington Hospital Center

American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education  
to provide continuing medical education for physicians.

This activity was designated for 17 AMA PRA Category 1 Credit(s)™.



AMERICAN COLLEGE OF SURGEONS  
*Inspiring Quality:  
Highest Standards, Better Outcomes*

A handwritten signature in dark ink, appearing to read "Ajit Sachdeva".

Ajit K. Sachdeva, MD, FRCSC, FACS  
Director, Division of Education



# Aug Tech Community College

Upon nomination of the faculty, with the approval of the President,  
and by the authority of the Trustees is conferred upon

*Jessica L. Hinsshaw*

the Degree of

*Technical Certificate in Medical Assisting*

in recognition of the satisfactory completion of the  
prescribed course of study at

*Richmond, Indiana*

Dated December 15, 2012, with signatures and seal affixed hereto.

*Steven Tindler*

Chancellor



*Don Anglen*

President







## Reid Hospital & Health Care Services

### Commitment of Acute Care Surgeons/Surgicalist Program

Reid Health's acute care surgeons are committed to providing quality care for the injured patient by ensuring an acute care surgeon is on call and promptly available twenty-four (24) hours a day. As an acute care surgeon at Reid Health, I will promote and participate in the trauma program by actively caring and overseeing the overall needs of the trauma patient. I also am committed to participating in peer review committees and any operational meetings that affect the trauma program. I will work with other specialties of the health system to ensure the needs of the trauma patient are met. If the needs of the trauma patient exceed that of what Reid Health can provide, I will assist in the management of transferring the trauma patient to the most appropriate trauma center that provides higher care.

Russell Pruitt, M.D.

Director of Acute Care Surgery - Acute Care Surgery of  
Richmond  
Trauma Medical Director - Reid Health





## Reid Hospital & Health Care Services

### Commitment of Acute Care Surgeons/Surgicalist Program

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*Dr. Steven Branch, M.D., F.A.C.S.*

  
Steven Branch, M.D., F.A.C.S.  
Acute Care Surgeon/Surgicalist  
Acute Care Surgeons of Richmond

The above acute care surgeon provides outstanding care to trauma patients that present to Reid Health. Dr. Steven Branch's participation in the trauma program is authorized by the Trauma Medical Director.

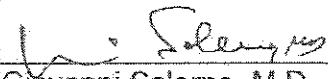
  
Russell Pruitt, M.D.  
Trauma Medical Director  
Reid Health Trauma Services






#### Commitment of Acute Care Surgeons/Surgicalist Program

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 10/22/15  
Giovanni Salerno, M.D.  
Acute Care Surgeon/Surgicalist  
Acute Care Surgeons of Richmond

The above acute care surgeon provides outstanding care to trauma patients that present to Reid Health. Dr. Giovanni Salerno's participation in the trauma program is authorized by the Trauma Medical Director.

  
Russell Pruitt, M.D.  
Trauma Medical Director  
Reid Health Trauma Services





## Reid Hospital & Health Care Services

### Commitment of Acute Care Surgeons/Surgicalist Program

Reid Health's acute care surgeons are committed to providing quality care for the injured patient by ensuring an acute care surgeon is on call and promptly available twenty-four (24) hours a day. As an acute care surgeon at Reid Health, I will promote and participate in the trauma program by actively caring and overseeing the overall needs of the trauma patient. I also am committed to participating in peer review committees and any operational meetings that affect the trauma program. I will work with other specialties of the health system to ensure the needs of the trauma patient are met. If the needs of the trauma patient exceed that of what Reid Health can provide, I will assist in the management of transferring the trauma patient to the most appropriate trauma center that provides higher care.

Joseph Zitarelli, M.D.  
Acute Care Surgeon/Surgicalist  
Acute Care Surgeons of Richmond

The above acute care surgeon provides outstanding care to trauma patients that present to Reid Health. Dr. Joseph Zitarelli's participation in the trauma program is authorized by the Trauma Medical Director.

Russell Pruitt, M.D.  
Trauma Medical Director  
Reid Health Trauma Services





# American College of Surgeons ATLS® Person History Report

Date: 10/20/2015  
Time: 01:27:15

Confidential

ATLS ID:  
Name: Mike Baldwin, MD

Address:

USA

Phone:

Person Specialty: E

## Detail History


Serial Number	Begin Date	End Date	Site Name	Location	Role	Lecture Skill	Teaching Credit	Instructor Potential	Course Completion	Exp Date
1747-P	08/03/1984	08/04/1984	Indiana University Health Methodist Hospital	Indianapolis, IN	Instructor		Yes			
1530-P	03/30/1984	03/31/1984	Indiana University Health Methodist Hospital	Indianapolis, IN	Instructor Candidate	Lecture	Yes			
575-I	11/05/1982	11/07/1982	Indiana University Health Methodist Hospital	Indianapolis, IN	Student		No	No	Successful	11/07/1986


Total: 3

R

## Jennifer Bales, MD

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

  
Sharon M. Henry, MD, FACS, Chair  
Chairperson,  
ATLS Subcommittee

  
Lewis E. Jacobson, MD, FACS  
ACS Chairperson,  
State/Provincial  
Committee on Trauma

ATLS Course Director

Date of Issue: 08/24/2002

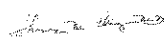
Date of Expiration: 08/24/2006

### Jennifer Bales, MD

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

Issue Date: 08/24/2002

Expiration Date: 08/24/2006

  
Sharon M. Henry, MD, FACS

  
Lewis E. Jacobson, MD, FACS

Chairperson,  
ATLS Subcommittee

ACS Chairperson, State/Provincial  
Committee on Trauma

CS: 23159-P Course Director ATLS II

Replacement ATLS cards are available for a \$10 USD fee.

S

T

# Jennifer Garnet, MD

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

   
Sharon M. Henry, MD, FACS, Jeffrey A. Claridge, MD  
Chair

Chairperson,  
ATLS Subcommittee

ACS Chairperson,  
State/Provincial  
Committee on Trauma

ATLS Course Director

Date of Issue: 06/17/2003

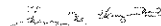
Date of Expiration: 06/17/2007

## Jennifer Garnet, MD

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

Issue Date: 06/17/2003

Expiration Date: 06/17/2007





Chairperson,  
ATLS Subcommittee

ACS Chairperson, State/Provincial  
Committee on Trauma

CS: 23300-P Course Director ATLS

Replacement ATLS cards are available for a \$10 USD fee.

4



# American College of Surgeons ATLS® Person History Report

Date: 10/20/2015  
Time: 01:20:01

Confidential

Person Specialty: R

ATLS ID: Jamie Brummett, MD  
Name:

Address:

USA

Phone:

## Detail History

Serial Number	Begin Date	End Date	Site Name	Location	Role	Lecture Skill	Teaching Credit	Instructor Potential	Course Completion	Exp Date
29340-P	07/28/2006	07/29/2006	Indiana University Health Methodist Hospital	Indianapolis, IN	Resident		No	No	Successful	07/29/2010

Total: 1

X



# American College of Surgeons ATLS® Person History Report

Date: 10/20/2015  
Time: 01:27:52

Confidential

Person Specialty: SR

ATLS ID:  
Name: Christine Harris, MD

Address:  
USA

Phone:

## Detail History

Serial Number	Begin Date	End Date	Site Name	Location	Role	Lecture Skill	Teaching Instructor Credit	Potential Completion	Course Success	Exp Date
10001-P	08/27/1994	08/28/1994	Banner — University Medical Center	Tucson, AZ	Student		No	No	Successful	08/28/1998

Total: 1



# Linda Hinkelman

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

  
Sharon M. Henry, MD, FACS, Jeffrey A. Claridge, MD  
Chair

Chairperson,  
ATLS Subcommittee

ACS Chairperson,  
State/Provincial  
Committee on Trauma

ATLS Course Director

Date of Issue: 06/18/2009

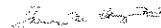
Date of Expiration: 06/18/2013

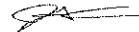
## Linda Hinkelman

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

Issue Date: 06/18/2009

Expiration Date: 06/18/2013





Chairperson,  
ATLS Subcommittee

ACS Chairperson, State/Provincial  
Committee on Trauma

CS: 33198-P Course Director ATLS II

Replacement ATLS cards are available for a \$10 USD fee.

AA

AB

## Samuel Iden, MD

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

   
Sharon M. Henry, MD, FACS, Lewis E. Jacobson, MD,  
Chair FACS

Chairperson,  
ATLS Subcommittee

ACS Chairperson,  
State/Provincial  
Committee on Trauma

ATLS Course Director

Date of Issue: 07/16/2004


Date of Expiration: 07/16/2008

### Samuel Iden, MD

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

Issue Date: 07/16/2004

Expiration Date: 07/16/2008





Chairperson,  
ATLS Subcommittee

ACS Chairperson, State/Provincial  
Committee on Trauma

CS: 26158-P/SR Course Director ATLS I

Replacement ATLS cards are available for a \$10 USD fee.

AC

AD

# American College of Surgeons ATLS® Person History Report

Date: 10/20/2015  
Time: 01:23:17

Confidential

Person Specialty: SR

ATLS ID:  
Name: Tom McKinney, MD

Address:

Phone:

Detail History					
Serial Number	Begin Date	End Date	Site Name	Location	Role
14503-P	11/13/1997	11/14/1997	SUNY Upstate Medical University	Syracuse, NY	Student

Lecture Skill	Teaching Credit	Instructor Potential	Course Completion	Exp Date
	No	No	Successful	11/14/2001

Total: 1

AE

AF



# American College of Surgeons ATLS® Person History Report

Date: 10/20/2015  
Time: 01:23:52

Confidential

Person Specialty: SR

ATLS ID:  
Name: Richard Nevells, MD  
Address: 714  
Phone: 604

## Detail History

Serial Number	Begin Date	End Date	Site Name	Location	Role	Lecture Skill	Teaching Instructor Credit	Course Completion Potential	Exp Date
8137-P	07/23/1992	07/24/1992	Miami Valley Hospital	Dayton, OH	Student	No	No	Successful	07/24/1996

Total: 1

AG

AH

# American College of Surgeons ATLS® Person History Report

Date: 10/20/2015  
Time: 01:24:27

Confidential

Person Specialty: SR

ATLS ID:  
Name: Amir Shayesteh, MD

Address:

Phone:

## Detail History

Serial Number	Begin Date	End Date	Site Name	Location	Role	Lecture	Skill	Teaching Instructor Credit	Course Completion Potential	Exp Date
5101-P	04/08/1988	04/09/1989	Tulane Trauma Educational Institute	New Orleans, LA	Instructor Candidate			Yes		
4111-I	08/27/1988	08/27/1988	Tulane Trauma Educational Institute	New Orleans, LA	Student			No	No	08/27/1992

Total: 2

AJ

# American College of Surgeons ATLS® Person History Report

Date: 10/20/2015  
Time: 01:30:48

Confidential

ATLS ID:  
Name:  
Address:

Michael J. Smith, MD  
.....

Person Specialty:

Phone:

LOA

## Detail History

Serial Number	Begin Date	End Date	Site Name	Location	Role	Lecture Skill	Teaching Instructor Credit	Potential	Course Completion	Exp Date
17049-P	06/25/1999	06/26/1999	The Toledo Hospital	Toledo, OH	Student		No	No	Successful	06/26/2003

Total: 1

IR

AL

# American College of Surgeons ATLS® Person History Report

Date: 10/20/2015  
Time: 01:26:01

Confidential

Person Specialty: SR

ATLS ID:  
Name: Steven Walkotte

Address:

Phone:

## Detail History

Serial Number	Begin Date	End Date	Site Name	Location	Role	Lecture Skill	Teaching Credit	Instructor Potential	Course Completion	Exp Date
10180-P	09/22/1994	09/23/1994	Maricopa Medical Center	Phoenix, AZ	Student		No	No	Successful	09/23/1998

Total: 1

AM

AN



# American College of Surgeons ATLS® Person History Report

Date: 10/20/2016  
Time: 01:26:38

Confidential

Person Specialty: SR

ATLS ID:  
Name: Kenneth Wedig, MD  
Address:  
Phone:


## Detail History

Serial Number	Begin Date	End Date	Site Name	Location	Role	Lecture Skill	Teaching Credit	Instructor Potential	Course Completion	Exp Date
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8137-P	07/23/1992	07/24/1992	Miami Valley Hospital	Dayton, OH	Student		No	No	Successful	07/24/1996
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Total: 1

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 <b>Reid Health</b>	<b>High Census Response Strategy</b> <b>POLICY NUMBER: 120</b>
<b>POLICY OWNER:</b> <i>LuAnne Christofaro</i>	
<b>REVISION DATE:</b> 3/00; Revised 9/02; 7/04; 9/04; 10/05; 6/07; 5/08; 09/09; 01/10; 05/11; 07/12; 9/15; 10/15	
<b>APPROVED BY:</b> <i>Continuum of Care Leadership Group 09/15; Russell Pruitt, MD – Trauma Medical Director</i>	
<b>REFERENCES:</b> N/A	

Recognizing that there will be times during the year that inpatient census will stress the hospitals bed capacity; a planned organized approach to admitting and placing patients during these times has been designed. The following principles are keys to the success of this plan:

1. We have an ethical obligation to utilize scarce resources on a medically prioritized basis.
2. Ongoing positive communication between departments, physicians and physician offices is essential.
3. All those involved must be flexible and cooperative as we look for ways to maximize the care of patients during difficult census periods.
4. Exceptions to these guidelines will undoubtedly be necessary at times. When exceptions are made they should be reasonable and necessary for the overall good of the entire patient care process, broadly defined.

#### **DEFINITIONS**

Beds include regular med-surg beds, Critical Care, but exclude Adult and Geropsychiatric Services, Mother-Baby Care Center and ARU .

Special Need Beds - (see end of this policy)

- Critical/Monitored beds
- Psychiatric Beds

Available beds are defined as unoccupied beds in traditional patient rooms to which **no patient has been assigned.**

Bed availability is described in three levels after all admissions have been placed.

Critical bed status	0 critical care beds <u>OR</u> 0 progressive care beds <u>OR</u> less than 5 med-surg beds
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Intermediate bed status	1 critical care bed <u>OR</u> less than 3 cardiac monitored beds <u>OR</u> less than 12 beds total
Routine bed status	12 or more beds and at least 1 critical care bed

	<b>Routine</b>	<b>Intermediate</b> 4 North – 18 patients Overflow: •CCU – 6 beds for Progressive Care patients	<b>Critical</b> 4 North – 20 patients Overflow: •CCU – 8 beds
Patient Placement	Updates Bed Availability Report on Intranet daily at 6 a.m.	Updates Bed Availability Report on Intranet once per shift at 6 a.m., 2 p.m., and 10 p.m.	Updates Bed Availability Report on Intranet once per shift at 6 a.m., 2 p.m., and 10 p.m.
		Confers with House Supervisor regarding limited bed availability and approval to move to intermediate status	Confers with House Supervisor regarding limited bed availability and approval to move to critical status
		Notifies Emergency of bed status	Notifies Emergency of bed status
		Notifies Switchboard of bed status	Notifies Switchboard of bed status
		Sends email to Leadership, all Departments, ED physicians, hospitalists, intensivists and cardiologists of bed status	Sends email to Leadership, all Departments, ED physicians, hospitalists, intensivists and cardiologists of bed status
		Sends email to Managers/Supervisors and Nursing Leadership regarding bed status and detail of available beds by unit, number of patients awaiting bed placement as well as pending and potential	Sends email to Managers/Supervisors and Nursing Leadership regarding bed status and detail of available beds by unit and number of patients awaiting bed placement as well as pending and potential

		discharges	discharges
House Supervisor		Turns the census control light located outside the physicians' lounge to yellow	Turns the census control light located outside the physicians' lounge to red
			Calls Emergency Department, hospitalist on-call, rounding cardiologist during daytime hours and intensivist/Advanced ICU on-call to notify of critical bed status
		Sends a text message or calls Executive Director of Nursing of bed status	Sends a text message or calls Executive Director of Nursing of bed status
		Will call a Bed Status Huddle as deemed necessary based on the current situation, i.e., insufficient beds, employees or other resources	Will call a Bed Status Huddle a minimum of once daily or more frequently as needed based on the current situation, i.e., insufficient beds, employees or other resources – day shift maintains an email distribution list for all key resources to be involved in the meeting; on night shift the House Supervisor and charge nurses will meet via computer utilizing Global Meet technology
			Staffing of the overflow units is not the responsibility of the unit where the overflow is located. Staffing requirements will be determined by House Supervisor in collaboration with Unit Managers and

			Directors based on acuity, safety and skill set of nursing staff needed to provide care.
		<p>House Supervisor explores non-traditional locations for placement of patients</p> <ul style="list-style-type: none"> <li>•Non-cardiac patients on 4E progressive care/telemetry</li> <li>•Non-OB, non-infectious patients on MBCC</li> </ul>	<p>House Supervisor continues to explore non-traditional locations for placement of patients as identified in intermediate status.</p> <ul style="list-style-type: none"> <li>•Then will open CCU overflow</li> <li>•Followed by 4N overflow</li> <li>•Any post-op / post procedure patient requiring an inpatient bed will not be accepted until approved by Surgical Services Department Director or designee, House Supervisor and Patient Placement</li> <li>• Adult Psychiatric (excludes Geropsych) – to be determined by Inpatient Clinical Operations Director based on patient acuity and safety</li> <li>•Fast Track area will be utilized as an "overflow" unit.</li> </ul>
			Transfers from other

			facilities must be evaluated and approved prior to receipt of transfer (Patient Placement, House Supervisor and One-Call Access RN or Administrator On-Call as needed).
			<b>When <u>ZERO</u> beds are available, the hospital will be deemed "full", but will accept transfers from hospitals on a priority basis through One Call Access. Outlying emergency departments may activate the Catheterization Lab for STEMI Patients</b>
Unit Managers / Charge Nurses		Re-evaluate all patients for potential discharge and facilitate discharge with input of physicians	Re-evaluate all patients for potential discharge and facilitate discharge with input of physicians
		Ensures timely entry of pending discharges and discharges by NCAs or other nursing personnel	Ensures timely entry of pending discharges and discharges by NCAs or other nursing personnel
		Popsicle Care will be suspended except for: <ul style="list-style-type: none"> <li>• Employees on duty who are direct care givers who need to utilize the program in order to report for their shift</li> </ul>	Popsicle Care will be suspended except for: <ul style="list-style-type: none"> <li>• Employees on duty who are direct care givers who need to utilize the program in order to report for their shift</li> </ul>

**Emergency Services:**

Admitted Emergency Services patients waiting for a bed will be prioritized by the charge nurse to determine order of placement.

1. Continue to hold the patient in Emergency Services until a bed becomes available.
2. Transferring the patient to another hospital.
  - a. The patient's personal physicians (or on-call designee) will be informed of the transfer, even though he/she may not be directly involved in the specific situation.

### Trauma:

Reid Health is committed to providing outstanding trauma care to the community. Therefore, even during periods of high census, Reid will not divert any trauma patient from its emergency department for emergency treatment and/or stabilization.

If a trauma patient is received during high census, the following will occur:

- Evaluate, treat and/or stabilize the trauma patient
- The on call surgeon will be notified of all trauma patients, regardless of activation level, to determine the need to transfer the trauma patient due to high census.
- Notification will be made to the Trauma Medical Director and Trauma Program Manager of any trauma patient transferred due to high census.

### Transfers:

In the event transfers are determined to be the most appropriate option, ED physician, House Supervisor and Administrator On-Call will collaborate to explore all options before approval for transfer is received. The rationale for these transfers would be the unavailability of needed resources. A simple statement should be placed in the record to the effect that a needed resource (a bed) is not readily available. (This is similar to transferring a patient because a needed medical specialty is not present on Reid's staff or because Reid does not provide the needed service.)

1. To meet regulatory (COBRA, EMTALA, etc.) and common senses guidelines, three conditions must be present before a patient is transferred:
  - Assessment
  - Stabilization
  - Receipt of approval from the receiving hospital to accept the patient. Physician to physician communication must take place.

The Reid Health Transfer Form (#510424) must be completed prior to transfer.



Legal and regulatory requirements do not impose any additional obligations in these situations. Hospitals are not required to "treat all patients if they can", nor is there any need for "proof", backup documentation or other evidence to defend the transfer.

**NOTE:** The above three required conditions -- assessment, stabilization and acceptance -- must also be present when Reid receives patients from other hospitals. Critical bed status is an appropriate and acceptable reason for Reid to decline to accept such a requested transfer.

**Emergency Services is not to be used by the medical staff as a holding or observation area while patients are waiting admission. All patients admitted to Emergency Services will be evaluated and prioritized by the Emergency Services physicians.**

**Psychiatric Services:**

From time to time the Adult or Geropsychiatric services may not have any available beds.

When such situations arise, the following process is followed:

1. The Inpatient Clinical Operations Director or designee is notified by Charge Nurse and collaborates with the Psychiatric Services Medical Director.
2. The Inpatient Clinical Operations Director or designee directs the Charge Nurse to notify the Emergency Services Charge Nurse of bed status.
3. Referrals during the time will be handled according to need: consults will be completed by psychiatrists, potential admission/referral requests will be given a time of bed availability or referral to an agency that has a bed available. The referral information is available in Psychiatric Services or with the Case Manager in Emergency Services.
4. Bed availability will be assessed continuously and admissions/referrals placed when a bed becomes available.
5. The Geropsychiatric Unit cannot be used as an overflow area if the Adult and Adult Assessment units are full.
6. Completion of Immediate Transfer form.

**Pandemic High Census Response:**

**See Pandemic Response Plan and/or notify Infection Control Practitioner**

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